



**APPLICATION INSTRUCTIONS FOR
The Lee Michael Shimshock Memorial Scholarship Fund
Shenango Valley Foundation**

Purpose

This charitable fund will honor the memory and life of Lee Michael Shimshock by providing one \$750 scholarship, one \$500 scholarship and one \$250 scholarship to graduating high school seniors attending a school within the Shenango Valley, including Brookfield, Farrell, Hickory, Kennedy Catholic, Sharon, Sharpsville and West Middlesex who have been an active participant in one or more sports programs while attending high school and who plan to pursue higher education.

Selection of the winner will be based on the following criteria:

- Participation in an athletic program
- School activities
- Financial Need
- Noteworthy achievements
- Awards and recognition
- Work history
- Class rank or percentile ranking
- Special talent
- Community and personal activities
- Grade point average
- ACT/SAT scores

If you are applying for this scholarship, you should request that your guidance counselor submit your high school records indicating the above information. If employed, please provide a letter of reference from your employer describing your present job, performance, attitude, attendance, etc. Attach in writing any community groups or activities that you are involved in, along with an essay describing your career goals.

Please write an essay on the topic of “Why athletics has been an important part of your high school career and how you feel it will help you succeed in future endeavors.”

The scholarship recipient will be selected by the donor’s representative. (No scholarships will be given to applicants who are direct relatives of the donors or, to trustees, officers or employees of the Community Foundation of Western PA and Eastern OH.)

Eligibility

Any graduating senior attending a Shenango Valley area high school who has participated in one or more sports programs at the high school level that plans to attend a college or university.

Terms of Scholarship

This scholarship for one year only and selection shall be made by donor's representative without regard to race religion or gender of the applicant, their political or economic views. No restriction will be placed upon candidate's choice of college or university.

Proof that the scholarship recipient is actually enrolled as a student at the educational institution for which the grant is made will be required prior to disbursement of scholarship funds, which are paid directly to the educational institution and never directly to the recipient. This grant covers tuition, fees and books for the applicable fall, winter or spring quarter.

A luncheon honoring the recipients is scheduled for mid-June. Should you be chosen as the recipient of this scholarship your attendance at this luncheon is strongly encouraged, as the donors who make the scholarship possible also will be invited.

Application

Each applicant will complete a "Request for Scholarship" application form available from the high school guidance office or www.sv-foundation.org.

Make and keep copies for your records of all forms that you send to us. **Please do not staple pages. You may use paper clips or binder clips if necessary.**

1. The application must be filed by March 7 of the current year.
2. Return Scholarship Application to:
Shenango Valley Foundation
c/o Shimshock Scholarship
33 Chestnut Street
Sharon, PA 16146
3. The recipient will be notified of approval at the awards ceremony held at his or her school.

Please do not submit the instruction pages with your application. You should remove and retain these instructions for your personal records.

The Lee Michael Shimshock Memorial Scholarship Fund
REQUEST FOR SCHOLARSHIP
APPLICATION FORM

Name _____

Address _____

City, State, Zip _____

Telephone _____ Social Security Number _____
(required)

Birth Date _____ Gender M F EMAIL address _____

High School _____ Date Graduated _____

Educational Plans:

List in order of personal preference those colleges to which you will apply and indicate tuition, fees, and room and board for each. If you have already enrolled at a certain college, indicate the name of the school and appropriate costs for this tuition.

College/University	Tuition	Room & Board	Books	Total
1.				
2.				
3.				
4.				

Do you plan to commute or reside on campus? _____

Major or field(s) of interest _____

Proposed profession _____

List other scholarships or financial assistance for which you are applying: _____

Parents or Guardians:

Father (Guardian) _____

Address _____

City, State, Zip _____

Telephone _____

Employed by _____ How Long? _____

Mother (Guardian) _____

Address _____

City, State, Zip _____

Telephone _____

Employed by _____ How Long? _____

Marital Status of parents: () Married () Separated () Divorced () Widowed () Single

Number of Siblings _____ Siblings in College _____

Other:

Are you receiving any other financial assistance for your education? _____

If yes, How? _____

Student Employment Record:

Employed at _____

Date of Hire _____

Department _____ Position _____

Certification:

I hereby certify that financial assistance is necessary if I am to attend the college of my choice during the _____ academic year as indicated.

In signing this application, I certify that the information given is complete and correct to the best of my knowledge and belief.

In connection with this application for a scholarship from the **Lee Michael Shimshock Memorial Scholarship Fund**, I hereby authorize the administrator serving this program to request from any school attended by me: information, transcripts, financial aid records and any other records deemed necessary for the administration of this scholarship program, and I authorize any such school to submit any information, transcripts and other records that may be requested by the scholarship administrator.

Applicant Signature

Date